## Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

18993

Application ID:

10065448

**PROCESS FOR A** 

Title of Invention:

MONOLITHICALLY~INTEGRATED

MICROMACHINED SENSOR AND

**CIRCUIT** 

First Named Inventor:

Abhijeet Chavan

Domestic/Foreign Application:

**Domestic Application** 

Filing Date:

null

Effective Receipt Date:

2002-10-18

Submission Type:

**Utility Patent Filing** 

Filing Type:

new-utility

Confirmation Number:

Λ

Attorney Docket Number:

DP-307129

Digital Certificate Holder:

cn=Domenica N. S. Hartman, ou=Registered Attorneys, ou=Patent

and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

4OC3njx8aMVXWSGGgoWxOA==

Total Fees Authorized:

\$780.0

Payment Category:

**DA - Deposit Account** 

**Deposit Account Number:** 

500831

Deposit Account Name:

Jim L. Funke

## TRANSMITTAL FORM



Electronic Version 1.0.3

Stylesheet Version: 1.0

Attorney Docket

DP-

Number:

307129

Submission Type: Utility Patent

Filing

## PROCESS FOR A MONOLITHICALLY-INTEGRATED MICROMACHINED SENSOR AND CIRCUIT

First Named Inventor: Mr. Abhijeet V. Chavan

SUBMITTED BY

Name:

Mr. Jim L. Funke

Registration Number:

34166

Electronic Signature Mark: Jim L.

**Funke** 

Date Signed: 20021018

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

A2-1549-dec-p1.TIF

declaration

A2-1549-dec-p2.TIF

declaration

declaration

specification

bibd-transmittal

fee-transmittal

patent-assignments

us-information-disclosure-statement

A2-1549-dec-p3.TIF

A2-1549-dec-p4.TIF

specification.xml

hartmanA2-1550apds.xml

hartmanA2-1550fee.xml

hartmanA2-1550asgn.xml

hartmanA2-1550ids.xml

#### Attached Image File(s):

A2-1549-dec-p1.TIF

A2-1549-dec-p2.TIF

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A2-1549-dec-p4.TIF

Comments:

DP-306616, Pag

# DECLARATION and DESIGNATION OF CORRESPONDENCE ADDRESS

As an inventor named below, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter wh is claimed and for which a patent is sought in the specification DP-306616 entitled

#### MONOLITHICALLY INTEGRATED INFRARED SENSOR

I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to in this Declaration.

I acknowledge my duty to disclose to the Patent and Trademark Office all information known me to be material to patentability as defined in title 37 Code of Federal Regulations, Section 1.56.

I further declare that all statements made above of my own knowledge are true, that all statements made above on information and belief are believed to be true, and that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under title 18 United States Code, Section 1001  $\epsilon$  may jeopardize the validity of the application or any patent issuing thereon.

Address all communications to

Inventor's		Date
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Inventor's signature Full name :Residence : Post office address:	JAMES H. LOGSDON, KOKOMO, IN, 3702 TALLY HO DRIVE, KOKOMO, IN 46902	DateCitizenship: U\$

Inventor's signature		Dr-300010, Pag
Full name :Residence :Post office address:	DAN W. CHILCOTT, GREENTOWN, IN., 9391 EAST 100 NORTH	Citizenship: US
Inventor's signature	GREENTOWN, IN 46936	Date_17 Od. 20
Full name :Residence :Post office address:	HAN-SHENG LEE, BLOOMFIELD HILLS, MI 482 WHIPPERS-IN COURT, PLOOMFIELD HILLS, MI 48304	Citizenship: US
Inventor's signature Full name	DAVID K. LAMBERT, STERLING	Date 17 Oct Ze Citizenship: US
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Full name: Residence:Post office address:	TIMOTHY A. VAS, KOKOMO, IN., 11117 EAGLE COURT, KOKOMO, IN 46901	Date Citizenship: US

DP-306616, Page

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As an inventor named below, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter whic is claimed and for which a patent is sought in the specification DP-306616 entitled

#### MONOLITHICALLY INTEGRATED INFRARED SENSOR.

I have reviewed and understand the contents of the above-identified specification including the claims, as amended by any amendment referred to in this Declaration.

I acknowledge my duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in title 37 Code of Federal Regulations, Section 1.56.

I further declare that all statements made above of my own knowledge are true, that all statements made above on information and belief are believed to be true, and that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under title 18 United States Code, Section 1001 an may jeopardize the validity of the application or any patent issuing thereon.

Address all communications to

Inventor's signature

Full name: Residence:

Post office address:

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Citizenship: US

DP-306616, Pagε

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### FEE TRANSMITTAL

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

### **TOTAL FEES AUTHORIZED: \$ 780**

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number:

500831

Deposit Account Name:

Delphi Technologies, Inc.

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

**SUBMITTED BY** 

**Authorized Name:** 

Jim L. Funke

**Electronic Signature Mark:** 

Jim L. Funke

Date Signed:

20021017

#### **BASIC FILING FEE**

Fee Description	Fee Code	Fee Paid		
Utility Filing Fee	1001	\$ 740		

Subtotal For Basic Filing Fee: \$ 740

#### **EXTRA CLAIM FEES**

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 20	1202	\$ 18	0	\$ O
Independent Claims: 2	1201	\$ 84	0	\$ O

Subtotal For Extra Claims Fees: \$ 0

#### **ADDITIONAL FEES**

Fee Description	Number	Quantity	Fee Code	Amount	Fee Paid
Recording Each Patent Assignment Per Property Fee	00000000	1	8021	\$ 40	\$ 40

Subtotal For Additional Fees: \$ 40